

Exhibit 9
Employee HR Action Form

New Hire Data Form

Built on Product. Powered by People.

Employee Name:	Xiuwan Chaffin	Preferred Name	Rose	
Address:	[REDACTED]			
City:	[REDACTED]	State:	NC Zip: 27284	
Home Phone #:	336-[REDACTED]	Cell Phone #:	336-[REDACTED]	
Email Address:	asheby3@hotmail.com			
Do you use Tobacco Products?	[REDACTED]	Do You Receive Medicare Benefits?	[REDACTED]	
Marital Status (Please Circle):	Married	Single		
Emergency Contacts (local):				
Primary Name:	David Chaffin	Home Phone:	336-[REDACTED] Mobile Phone: 336-[REDACTED]	
Address:	[REDACTED]	(City)	(State) (Zip) NC 27284	Relationship: husband
Secondary Name:	Maria Vollinks	Home Phone:	336-[REDACTED] Mobile Phone: 336-[REDACTED]	
Address:	[REDACTED]	(City)	(State) (Zip) 27284	Relationship: Friend

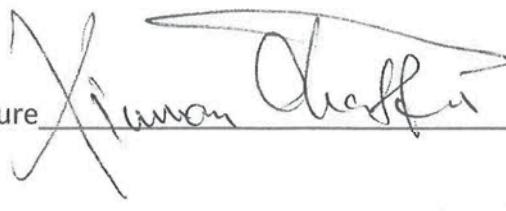
Voluntary EEO

Race/Ethnicity:

Hispanic or Latino White Black or African American Asian
(Not Hispanic or Latino) (Not Hispanic or Latino) (Not Hispanic or Latino)

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Other
(Not Hispanic or Latino)

Gender: Male Female

Employee Signature 

Date: 1-5-2017